

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	LEISTUNGSENDSTUFE FUR KAPAZITIVE LASTEN
Attorney Docket Number::	4001-1167
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: GEORG
Middle Name::
Family Name:: BACHMAIER
City of Residence:: MUNCHEN
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: THIERSCHSTR. 40

City of Mailing Address:: MUNCHEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 80538

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: BERNHARD
Middle Name::
Family Name:: FISCHER
City of Residence:: TOGING A. INN
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: PARACELSUSSTR. 6

City of Mailing Address:: TOGING A. INN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 84513

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: BERNHARD
Middle Name::
Family Name:: GOTTLIEB
City of Residence:: MUNCHEN
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: ELFENSTR. 16

City of Mailing Address:: MUNCHEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 81739

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: ANDREAS
Middle Name::
Family Name:: KAPPEL
City of Residence:: BRUNNTHAL
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: ZUGSPITZSTR. 7

City of Mailing Address:: BRUNNTHAL
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 85649

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: HANS
Middle Name::
Family Name:: MEIXNER
City of Residence:: HAAR
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: MAX-PLANCK-STR. 5

City of Mailing Address:: HAAR
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 85540

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: TIM
Middle Name::
Family Name:: SCHWEBEL
City of Residence:: AUGSBURG
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: KITZENMARKT 24

City of Mailing Address:: AUGSBURG
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 86150

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: CHRISTIAN
Middle Name::
Family Name:: TUMP
City of Residence:: MUNCHEN
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: DREIMUHLNSTR. 33

City of Mailing Address:: MUNCHEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 80469

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::